

# CONCORD FIRE & LIFE SAFETY

## FIRE ALARM SYSTEM PERMIT APPLICATION

<b>Standard</b> (Work other than qualified Quick Start Permits) <b>Submit at:</b> Concord Fire & Life Safety Fire Marshal's Office 100 Warren C. Coleman Blvd N. Concord, NC 28027 (704) 920-5517; fax (704) 920-6936	<b>Quick Start (Existing Systems Only)</b> (Less than 5 devices and no work in remote area, Only) <b>Development #</b> _____ <b>Project #</b> _____ <b>Permit #</b> _____ <b>[THIS BOX FOR STAFF USE ONLY]</b>
--	---

Permit Fees paid at time of application are **NON-REFUNDABLE**

(Standard: Total fee due at application) 1 copy

(Quick Start: Total fee due at application) 1 copy

**Permit \$150 and Test Inspection \$150**

**Permit \$150**

NOTE: **Standard Permit** submittals for review need to include (2) copies of stamped plans. Specifications and applicable calculations. **Quick Start Permit** submittals need to include (2) copies of stamped plans, specifications and declaration of work not occurring in remote area.

**\* If you want an approved copy returned, please submit 2 copies & enclose a self-stamped, addressed envelope.**

Project Name/Tenant _____	Bldg Permit # _____
Site Address _____	Unit/Bldg/Suite # _____
Complex Name _____	Tax Parcel # _____

Contractor Name _____	Phone # _____
Contact Name _____	Fax # _____
Business Address _____	City _____ State, ZIP _____
State License Number _____	State License Expiration Date _____
e-mail address _____	Concord Business License # _____

### ~ SCOPE OF WORK ~

#### Modification to existing system(s):

Number of Control Panels ( C ) \_\_\_\_\_; Number of Transmitters ( T ): \_\_\_\_\_; Power Supply (sub) \_\_\_\_\_

Total number of other devices (detectors, horns, strobes, etc...) \_\_\_\_\_

Modifications/TI's: Number of Control Panels ( C ) \_\_\_\_\_; Transmitters ( T ) \_\_\_\_\_; Power Supply (sub) \_\_\_\_\_

Total number of other devices (detectors, horns, strobes, etc...) \_\_\_\_\_

**Description of work: (if additional space is needed the information should be placed on company letterhead)**

**Place a check mark on the appropriate scope of work to determine which permit you are applying for:**

- ☐ Installation or relocation of more than 6 devices shall use the Standard Permit process.  
☐ Installation or relocation of a STU, FACP or transmitter shall use the Standard Permit process.  
☐ Installation of auxiliary power supplies or installation/relocation less than 5 or fewer devices may use the Quick Start Permit process.

**NOTE:** Submittals for review must include all items identified in the Fire Department Standards. Failure to provide any necessary information may result in a delay of the review process or rejection of your application.

I understand that all applicable codes apply. Errors and/or omissions on the plans and corrections from field inspections are the responsibility of the owner/contractor. All work is subject to the compliance with City of Concord ordinances and laws of the State of North Carolina.

**SIGNATURE**

**PRINT NAME (Applicant)**

**PHONE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

12 April 2012

This form must be accompanied with the appropriate **SUBMIT ALL CHECKLIST**.